

**Department of Human Services
Office of Services Review
Fiscal Year 2003 Report**

**A System Review
of the**

DIVISION OF CHILD AND FAMILY SERVICES

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Submitted to:

**Utah State Legislature
Child Welfare Legislative
Oversight Committee and
The Legislative Auditor
General**

A System Review of the
Division of Child and
Family Services

Case Process Review Period

Child Protective Services and Home-Based Services
September 1, 2002 through November 30, 2002

Foster Care Services
July 1, 2002 through December 31, 2002

Submitted by:

**State of Utah
Department of Human Services**
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I. System Overview

A. Strategies for System Improvement

The Department of Human Services (DHS) and the Division of Child and Family Services (DCFS) are committed to improving performance of the child welfare system in Utah, thus enhancing outcomes to the children and families they serve. The following sections describe strategies developed to refine system performance.

B. Division of Child and Family Services Practice Model

DCFS staff continues to provide services to families based on the Practice Model philosophy. The Practice Model is a philosophical guideline for supervisors and caseworkers that follows best practice procedures and policy requirements. Training DCFS staff to adhere to the principles outlined in the Practice Model will allow Utah's children and their families to receive the most desirable outcomes from services offered to them by DCFS.

The Practice Model is a "working document"; flexible in content to allow for growth in achieving defined expectations. This guiding document consists of specific performance requirements with applicable knowledge and skills necessary to achieve those performance goals. In addition, the Practice Model has been incorporated into a performance milestone plan, described in the following section.

C. The Performance Milestone Plan

DCFS and the Child Welfare Policy and Practice Group (CWPPG) developed The Performance Milestone Plan (The Plan). The Plan identifies specific milestones to achieve, outlines the steps necessary to follow in order to reach those milestones, and describes methods for measuring DCFS performance.

The Plan was prepared in accordance with the order of United States District Court Judge Tena Campbell dated September 17, 1998 in the matter of "David C. v. Leavitt". The Plan was submitted to the court on May 4, 1999. DCFS has adopted The Plan as its business plan.

D. Performance and Outcomes Measurement System

DCFS, CWPPG and the Office of Services Review (OSR) have developed a performance and outcomes measurement system. This system consists of two components: reviews that identify areas of need within the child welfare system and programs that develop possible solutions to improving system performance.

Reviews Designed to Identify Areas of Success and Need

- **Case Process Review.** The Office of Services Review, on a yearly basis, conducts the case process review. The survey results are submitted to the Utah State Legislature Child Welfare Legislative Oversight Committee and the Legislative Auditor General. For the case process review, documentation contained in DCFS case files and computer system is examined using survey tools to determine consistency of practice with Utah State statute and DCFS policy. Changes are made in the survey tool when changes are made to the statute and policy.
- **Qualitative Case Review.** As an added performance measurement, DCFS, CWPPG, and OSR conduct a qualitative case review for each region of DCFS. For this review, the status of children and families receiving services from DCFS or had a CPS investigation is evaluated to determine system performance and outcomes to families. Areas of success and need are identified within the system, within individual regions and offices, and for the supervisors and caseworkers.
- **Quality Assurance Project.** DCFS supervisors review their caseworkers' case files as frequently as one file per month per worker to determine how well caseworkers are performing. This information is submitted to OSR for incorporation into a database. From these data, caseworker performance trends are tracked and are reported to the supervisor. OSR believes that if this information is discussed with the caseworkers, they will know which areas of their performance need improvement and they will be able to make the necessary changes to improve the quality of services provided to children and families.
- **Periodic Trend Analyses.** DCFS reports outcome trends in the following areas: protection, permanence, well-being, domestic violence, independent living and partnership. In

each area there is a goal and a performance measure(s) that the division tracks throughout the year.

Programs Designed to Reach Recommended Solutions

- **Case Process Review Follow-up.** Results from the case process review are separated by region and office. OSR compiles this information into a database, evaluates the data and makes recommendations to DCFS management and staff to help improve performance. In addition, OSR staff train supervisors and workers on DCFS policy requirements as well as the case process review requirements.
- **Qualitative Review Follow-up.** The information obtained from the qualitative review is studied and analyzed. Once areas of need are identified, recommended solutions are submitted to DCFS management, statewide and regional qualitative improvement committees and staff for review. In addition, OSR staff offers training to supervisors and caseworkers on the qualitative review protocol.
- **Special Studies.** Utilizing information found in the case process and qualitative case reviews, items are identified which are particularly difficult to resolve. In-depth evaluations of these items are conducted and system improvements are proposed. Additional studies are conducted as requested by DCFS and DHS directors.

It is expected that by utilizing the information obtained from these projects and studies, DCFS clients will receive improved services. Over the past year, OSR conducted studies to determine if families received Notice of Agency Action letters as required by policy, whether children under age three had appropriate permanency goals, and if background investigations were conducted on out-of-home placements prior to children residing in the home.

II. Case Process Review

A. Description of Case Process Review

As noted above, the case process review is an important part of DCFS's strategy to improve system performance. In accordance with Utah statute, OSR, in conjunction with the Federal Court appointed monitor, the Child Welfare Policy and Practice Group (CWPPG), conducted its case process review of DCFS and the services it provides to children and families for this annual report. The program areas evaluated in the case process review are:

- Child Protective Services (CPS), general, which included cohorts of priority one referrals, medical neglect allegations and shelter cases, unable to locate¹ and unaccepted referrals². The review period was September 1, 2002 through November 30, 2002.
- Home-Based Services, including family preservation (PFP), voluntary protective services (PSC), and court-ordered protective supervision (PSS). The review period was September 1, 2002 through November 30, 2002.
- Foster Care (FC) Services. The review period was July 1, 2002 through December 31, 2002.

OSR and CWPPG jointly determine the case process review questions, case process review guidelines, sampling methodology and quality controls to ensure data accuracy. The questions contained in the case file review survey tools measure how well caseworkers follow DCFS policies and procedures and will help measure the

Practice Model requirements. This is measured by reviewing the case file and/or the DCFS computer data system to find documentation of casework actions and policy requirements. If the documentation is not located in the file or the computer system, credit is not given. A statistically significant number of cases are selected and reviewed from each of the program areas listed above. The case process review findings reflect statewide performance rates. The performance goals for the case process review are either 85% or 90% compliance rate depending on the area evaluated.

B. Significance of Review Results

The case process review report is a useful management tool for legislators, managers, supervisors and caseworkers. From these annual reports, performance ratings and trend data can be obtained to aid in determining performance goals.

In addition, the case process review tests for performance with key statutes and policies that policy makers and professionals agree are important in meeting the goals of child protection, permanency, and stability. The number of cases evaluated for this year's case review was similar to last year and is a percentage of the total number of cases opened for services during the review period.

C. Comparative Review Results

The results of this year's review are similar to the results from previous years. There was improvement in some scores when compared to last year's review and other scores declined. There were 11 items that reached or exceeded the target goal. There were five items that were close to meeting the target goal and the remaining items were below the target goal by varying degrees depending on the identified items. However, as a total there were 34 items

¹ Unable to locate-Investigations of possible abuse/neglect that were closed because the investigator was unable to locate the child.

² Unaccepted referrals-Allegations that do not meet the necessary criteria to warrant an investigation.

that scored higher this year than last year and 24 items scored lower. The foster care scores improved the most with 19 scores increasing, then CPS with an increase in nine scores and home based had six items increase. The foster care scores were the second best in the past five years.

In general CPS cases, caseworkers are interviewing children outside the presence of the alleged perpetrator approximately the same as last year, which is 93% of the time. This exceeds the goal of 90%. Unscheduled home visits are made approximately the same amount of time this year as compared to last year (71%). The policy requirements for unscheduled home visits changed for this review and were not required if the alleged perpetrator was not in the home and did not have access to the child. This slightly reduced the number of applicable cases for this question.

One of the scores that decreased this year involved the child being seen within priority time frames by the caseworker. This occurred 69% of the time, which is a decrease for a second year in a row. Last year's report showed children were seen on time 75% of the time. This year's review showed a decline in the amount of time both parents were interviewed regarding the allegations. The score of 57% is the lowest it has been since 2001. Other areas that had a decrease in scores were initiating services for the family, closing the case on time, obtaining a medical assessment for cases involving medical neglect, and making efforts to locate kinship placements when a child had to be removed from the home.

Scores improved slightly in many areas such as the outcome of the investigation being based on the facts of the case, obtaining medical exams for children who experienced severe abuse, interviews with third parties who had knowledge about the allegations, providing information to the shelter care provider about the child and visiting the child in shelter care after the child had been removed from the home. Making a case

finding based on the facts obtained during the investigation has improved three years in a row and the score of 91% exceeds the target goal. Third parties were interviewed by the caseworkers 76% of the time, which is a five-percentage point increase from last year. Children who suffered severe abuse and were in need of a medical exam received that exam within 24 hours of the referral 89% of the time. This is one percentage point away from the target goal of 90%.

Shelter care scores are consistently low. However, even though this year's scores are still quite low, there has been improvement compared to last year. The children were visited in shelter care³ within 48 hours of removal from home 53% of the time compared to 49% last year. Information about the child was given to the shelter care provider within 24 hours of placement 64% of the time compared to 54% in 2002.

Three of the five items evaluated for unable to locate cases dropped compared to last year's review and the other two scores increased. It seems more effort could be made to locate families prior to closing a CPS case as unable to locate. All three of the scores for unaccepted referrals stayed the same as last year and exceeded the goal of 85% compliance, one item scored 100%.

The scores for home-based services include family preservation services, voluntary protective services and protective supervision services. None of the scores for home-based services meet the target goal of 85%. However, four of the items for this program area improved as compared to last year. The rest of the scores either decreased or remained the same when compared to the scores from the 2002 review.

Improvement occurred in involving parents (47%), stepparents (36%), and other

³ Shelter care-Temporary care of minors in non-secure facilities.

professionals (36%) in the development of the child and family plan. Although these scores seem low, it is an improvement over the 2002 scores. The review showed that caseworkers initiated services for the family 75% of the time, which is a nine-percentage point, increase from last year. Caseworkers contacted service providers to evaluate the clients' progress at an average rate of 72% and made monthly home visits approximately 78% of the time. Both of these scores are slightly lower when compared to the scores from the 2002 review. Scores for the involvement of the child(ren) in the development of the case plan and the identification of the families' strengths during the case planning process were the same as last year. Needed services are being addressed in the initial service plan 37% of the time, which is also the same as last year.

Out of the 127 home-based cases reviewed, approximately 36% had a current case plan in the file. The initial home-based case plans are being completed on time about 26% of the time, which is a decrease for the second year.

There were 129 foster care cases reviewed this year. Most of the foster care cases had a case plan (109 out of 128 cases), however, some case plans were completed late or were missing information and one case plan was not applicable for the review period. The initial case plan was completed on time approximately 42% of the time, which is an increase compared to last year's score (34%). The review shows that many members of the child and family team were involved in the development of the case plan more often than last year. The parents were involved in the development of the plan 63% of the time and the child was involved 57% of the time. The guardian-ad-litem, stepparents, and out-of-home caregiver were involved more often this year. The involvement of education personnel, mental health personnel and law enforcement decreased slightly as compared to the scores from 2002. The families' strengths were identified 78% of the time, which is a significant increase from the 2002 score. The

worker initiated services for the family less often (53%) as compared to the previous year (64%).

The review shows that medical exams are completed on time approximately 81% of the time, mental health assessments are completed on time 63% of the time, and dental exams are completed on time 75% of the time. The medical and mental health exam scores are the same as last year and the dental exam score increased by nine percentage points. A majority of children in foster care (over 90%) received the necessary medical/mental health initial and annual evaluations, however, some of the exams were completed late. Initiation of follow up services occurred more often this past year for dental care than for mental health services and medical care services, which is the opposite of the scores from 2002.

Monthly visitation by the caseworker with the children in their placement increased again this year. The average score for the six months of the review period was over 84%. Caseworkers interviewed the out-of-home care providers about the child's progress nearly 90% of the time when the six-month review period is averaged. The caseworkers are required to see each child in foster care twice per month in most situations. The children are visited more than the 85% target goal for one visit of the month. The score for the second visit dropped to 57% this year. There was less evidence of private conversations with children this year as compared to last year.

Documentation shows that children in foster care are not provided the opportunity to visit their parents and siblings as frequently as compared to the 2002 review. Caseworkers report children visiting with their parents and siblings more frequently than the documentation shows.

Children with special education needs are receiving services more often (74%) as compared to 2002 (62%). The children's special needs are being considered more often in the placement decisions (91%) and there was an increased effort to locate kinship placements (85%). There

needs to be more effort in giving the out-of-home caregiver information about the child prior to placement (46%). This could help reduce the number of placement changes a child may experience while in foster care.

For the 2003 review of 2002 data, sample sizes were based on historical knowledge about populations in all program areas. The survey results have a confidence level of 90%. The following is a breakdown of sample sizes for all program areas reviewed. The entire universe was reviewed for CPS cohort areas of priority one and medical neglect cases.

OSR 2001 Report Sample Sizes	
Program Area	Case Files Reviewed
CPS—General	137
CPS—Priority One	18
CPS—Medical Neglect	59
CPS—Shelter Care	97
CPS—Unable to Locate	70
CPS—Unaccepted	131
Home-Based—PSS/PSC/PFP	126
Foster Care	129
Total	766

A comparative review of results for the past two years is listed on the following pages. Refer to the appendix section for a complete breakdown of the 2003 case process review results.

As last year, inadequate documentation remains, for most questions, the single most important reason scores are low. It is also the reason for the decrease in scores from 2002 to 2003 case review report. An example of this is found in the

foster care section. The scores showing that children in foster care were given the opportunity to visit with their parents and siblings are quite low. However, caseworkers often reported that visits occur "every week". If the visits were occurring weekly and documented in the record, these scores would be much higher.

In general, the case process review worked well. The sample of cases was selected by OSR and reviewed by OSR review analysts. The inter-rater reliability among OSR reviewers is 97%. A CWPPG reviewer then re-reviewed a selected number of cases from the sample to ensure accuracy. A high degree of agreement (98%) was found between the OSR and CWPPG case reviewers. In situations where a disagreement occurred, a discussion took place between OSR and CWPPG and in most instances a resolution was made. All extenuating circumstance answers (valid reasons for an action not occurring) were reviewed by CWPPG who then determined if the answer would be scored as NA or NO.

The review analysts met with the caseworkers after the review to discuss the results. If the caseworker could provide information that was missing from the file or the computer system, the review analysts would review the information and make necessary adjustments to the scores if needed.

The OSR will continue to assist DCFS in improving the scores for the case process review. OSR reviews data with the supervisors and workers to emphasize areas that can be improved by simply improving documentation and provides training for workers and supervisors regarding policy requirements. Training is provided in the areas most needed for each region. For example, Salt Lake Valley will receive training specific to home-based whereas, Northern region will receive training in all three program areas. The amount of training provided for each region depends on the needs of the region and OSR resources.

Comparative Results

Review Questions	2002	2003	GOAL
Child Protective Services – General			
A1. Did the investigating worker see the child within the priority time frame?	75.0%	69.1%	90%
Yes within additional 1 day		73.5%	
Yes within additional 2 days		76.5%	
Yes within additional 5 days		84.6%	
Yes within additional 10 days		89.7%	
A2. If the child remained at home, did the worker initiate services within 30 days of the referral?	86.4%	79.5%	90%
Yes within additional 30 days		80.8%	
A3. Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	79.4%	68.6%	90%
Yes within additional 1 day		74.5%	
Yes within additional 5 days		83.9%	
Yes within additional 10 days		87.6%	
B1. Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	92.9%	93.4%	90%
B2. Did the worker interview the child's natural parent(s) or other guardian when their whereabouts were known?	69.1%	56.6%	90%
B3. Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	71.1%	76.4%	90%
B4. Did the CPS worker make an unscheduled home visit?	72.1%	71.2%	90%
C1. If this is a Priority I case involving severe maltreatment, severe physical injury, or recent sexual abuse causing trauma to the child, was a medical examination of the child obtained no later than 24 hours after the report was received?	80.0%	89.5%	90%
C2. If this case involves an allegation of medical neglect, did the worker obtain an assessment from a health care provider within 30 days of the referral?	88.1%	72.4%	90%
Yes within additional 10 days		74.1%	
D1. Were the case findings of the report based on the facts obtained during the investigation?	89.7%	91.2%	85%
E1. Was the child placed in a shelter placement?	28.7%	25.5%	
Review Questions	2002	2003	GOAL

E2. Did the worker visit the child in shelter care within the 48 hours of removal from the child's home to determine the child's adjustment to the placement and need for services?	49.4%	52.7%	85%
Yes within additional 12 hours		58.2%	
Yes within additional 24 hours		61.5%	
E3. After the first 48 hours, did the worker visit the child in shelter placement at least weekly, until CPS case closure or until transferred to a foster care caseworker, to determine the child's adjustment to the placement and need for services?	25.6%	40.0 %	85%
E4. Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?	53.7%	65.3%	85%
Yes within additional 1 day		69.5%	
Yes within additional 5 days		70.5%	
Yes within additional 10 days		71.6%	
E5. During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	90.4%	85.2%	85%
Child Protective Services – Unable to Locate			
1. Did the worker visit the home at times other than normal working hours?	33.3%	11.8%	85%
2. If any child in the family was school age, did the worker check with local schools or the local school district?	83.3%	80.6%	85%
3. Did the worker check with law enforcement agencies?	65.4%	80.0%	85%
4. Did the worker check public assistance records for information regarding the family?	70.4%	72.3%	85%
5. Did the worker check with the referent for new information regarding the family?	66.1%	59.6%	85%
Child Protective Services – Unaccepted			
1. Was the nature of the referral documented?	98.5%	98.5%	85%
2. Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	100.0%	100.0%	85%
3. Does the documentation adequately support the decision not to accept the referral?	90.0%	89.3%	85%
Home-base Services			
1. Is there a current case plan in the file?	44.2%	35.7%	85%
Yes within additional 15 days		48.4%	
Review Questions	2002	2003	GOAL

Yes within additional 30 days		52.4%	
2. Was an initial child and family plan completed for the family within 30 days of CPS closure or from the date services were ordered by the court?	28.3%	25.5%	85%
Yes within additional 15 days		51.1%	
Yes within additional 30 days		57.4%	
3. Were all of the services identified on the Risk Assessment or referral form addressed in the initial child and family plan?	37.3%	37.0%	85%
4. Were the following individuals involved in the development of the current child and family plan?			
a. the natural parent(s)/guardian	40.0%	47.0%	85%
b. the stepparent (if appropriate)	24.1%	36.4%	85%
c. the target child(ren) (age 5 and older)	25.7%	26.2%	85%
d. other professionals (if appropriate)	32.8%	35.5%	85%
5. Did the worker identify the family's strengths in the case planning process/development of the child and family plan?	76.5%	77.1%	85%
6. Did the worker initiate services for the family/child as identified in the child and family plan(s)?	66.4%	74.8%	85%
7. Did the worker make at least one home visit each month of this review period?			
a. Month one	82.9%	78.3%	85%
b. Month two	78.8%	79.8%	85%
c. Month three	83.8%	75.0%	85%
8. Were collateral contacts made each month of this review period to monitor the child's and family's progress with the child and family plans?			
a. Month one	75.5%	73.3%	85%
b. Month two	76.0%	72.8%	85%
c. Month three	71.3%	71.1%	85%
Foster Care			
IA1. Did the child experience an initial placement or placement change during this review period?	37.7%	31.8%	
IA2. Prior to the original dispositional hearing, were reasonable efforts made to locate kinship placements?	81.0%	84.6%	85%
IA3. Were the child's special needs or circumstances taken into consideration in the placement decision?	88.9%	91.2%	85%
IA4. Was proximity to the child's home/parents taken into consideration in the placement decision?	93.8%	88.9%	85%
Review Questions	2002	2003	GOAL

IA5. Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?	38.6%	46.3%	85%
IB1. Did the worker interview the out-of-home care provider at least once during each month of this review period?			
Month one	89.4%	90.6%	85%
Month two	85.6%	94.2%	85%
Month three	88.6%	90.9%	85%
Month four	85.2%	91.8%	85%
Month five	88.9%	83.7%	85%
Month six	88.0%	85.7%	85%
IB2. Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?			
Month one	86.6%	86.8%	85%
Month two	84.9%	87.3%	85%
Month three	79.5%	88.8%	85%
Month four	79.5%	84.4%	85%
Month five	86.5%	79.4%	85%
Month six	74.7%	80.0%	85%
IB3. Did the worker visit the child at least twice during each month of this review period?			
Month one #1	92.1%	92.7%	85%
Month one #2	71.9%	53.5%	85%
Month two #1	90.4%	94.6%	85%
Month two #2	70.8%	63.9%	85%
Month three #1	91.8%	92.5%	85%
Month three #2	55.7%	60.4%	85%
Month four #1	90.6%	87.4%	85%
Month four #2	63.6%	53.3%	85%
Month five #1	91.7%	87.4%	85%
Month five #2	66.3%	52.2%	85%
Month six #1	88.2%	88.5%	85%
Month six #2	54.9%	54.5%	85%
IB4. Did the caseworker meet privately with the child outside the presence of the out-of-home care provider at least once each month of this review period?			
Month one	84.9%	80.0%	85%
Month two	83.3%	84.7%	85%
Month three	83.1%	82.9%	85%
Month four	84.4%	75.3%	85%
Month five	85.3%	78.3%	85%
Month six	81.0%	80.8%	85%
Review Questions	2002	2003	GOAL
II1. Was an initial or annual	80.5%	80.8%	85%

comprehensive health assessment conducted on time?			
Yes within additional 30 days		93.3%	
Yes within additional 60 days		95.8%	
II2. If a need for further evaluation or treatment was indicated in the initial or annual health assessment was that evaluation or treatment initiated within 30 days of the screening or as recommended by the medical personnel?	52.7%	53.1%	85%
Yes within additional 30 days		57.1%	
Yes within additional 60 days		59.2%	
II3. Was an initial or annual mental health assessment conducted on time?	63.4%	62.5%	85%
Yes within additional 30 days		81.7%	
Yes within additional 60 days		90.0%	
II4. If a need for mental health services was indicated in the most current initial or annual mental health assessment were those services initiated within 30 days of the assessment or as recommended by the evaluator?	64.0%	69.2%	85%
Yes within additional 30 days		74.4%	
Yes within additional 60 days		74.4%	
II5. Was an initial or annual dental assessment conducted on time?	66.3%	75.0%	85%
Yes within additional 30 days		87.5%	
Yes within additional 60 days		95.2%	
II6. If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated within 30 days of the screening or as recommended by the dental personnel?	62.7%	75.4%	85%
Yes within additional 30 days		80.7%	
Yes within additional 60 days		86.0%	
III1. Is the child school aged?	72.3%	78.3%	
III2. If the child needed special education services, did the caseworker make reasonable efforts to ensure the child received the necessary services?	61.9%	73.7%	85%
IVA1. Is there a complete current service plan in the file?	38.8%	43.0%	85%
Yes within additional 15 days		57.0%	
Yes within additional 30 days		60.9%	
IVA2. If the service plan which was current during the review period was the child's initial service plan, was it completed within 45 days after the child enters temporary custody (shelter hearing date)?	34.2%	41.7%	85%
Review Questions	2002	2003	GOAL

Yes within additional 15 days		54.2%	
Yes within additional 30 days		66.7%	
IVA3. Were the following individuals involved in creating the current child and family plan?			
a. the guardian ad litem?	39.5%	45.1%	85%
b. the natural parent(s)/guardian?	62.0%	63.3%	85%
c. the stepparent (if appropriate)	44.4%	45.5%	85%
d. the foster parent(s)/out-of-home care provider(s)?	44.0%	47.2%	85%
e. a mental health representative?	45.0%	42.9%	85%
f. an education representative?	15.8%	11.4%	85%
g. a law enforcement (probation) representative?	6.7%	0.0%	85%
h. the child? (age 5 and older)	53.9%	56.8%	85%
IVA4. Did the worker identify the family's (child's) strengths in the case planning process/development of the child and family plan?	63.7%	77.6%	85%
IVA5. Did the worker initiate services for the family/child as identified in the child and family plans that are current during the review period?	63.8%	52.8%	85%
IVA6. Was the child provided the opportunity to visit with his/her parent(s) weekly?	68.1%	57.7%	85%
IVA7. Was the child provided the opportunity for visitation with his/her sibling(s) at least twice per month?	50.7%	44.6%	85%

III. Qualitative Case Review

A. Purpose of the Qualitative Case Review

The Qualitative Case Review is a method of evaluation used by the Office of Services Review (OSR) in conjunction with the Child Welfare Policy and Practice Group (CWPPG) to assess the current status of children and families served by the Division of Child and

Family Services (DCFS), as well as the performance of the Child Welfare system. The Qualitative Case Review is a part of the Milestone Plan developed by DCFS and CWPPG to improve services to clients. The fourth consecutive round of Qualitative Case Review was completed this year.

B. Methodology

Qualitative Case Reviews were conducted in all regions. Reviews were held beginning in September 2002 and were concluded in May 2003. Twenty-four cases are selected for each review. For the Salt Lake Valley Region 72 cases were reviewed in three separate reviews because of the large population of this region: 24 cases each in the former Granite, Cottonwood, and Salt Lake City regions. This year, two cases in the Cottonwood area were dropped because the child was not available to the reviewers and the case could not be scored. For this reason, scores are provided for 166 cases of the 168 reviewed. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of children was selected for review. The sample included children in out-of-home care and families receiving Home-based services, such as voluntary counseling services, protective supervision services, and intensive family preservation.

The information is obtained through in-depth interviews with the child (if old enough to participate), his or her parents, or other guardians, foster-parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. In addition, the child's file, including prior CPS

investigations, and other available records are reviewed.

Some of the reviewers are chosen from within DCFS (experienced and qualified child welfare workers, supervisors, trainers, etc.) and are paired up with certified reviewers from OSR and CWPPG. An important element of this review is the participation of professionals from outside of DCFS as reviewers, mainly partners in related fields, such as mental health, juvenile courts, education, foster parents, etc.

After the review is completed, the case is scored and reviewers submit a case story narrative. The Qualitative Case Review instrument used by the reviewers, referred to as the QCR Protocol, is divided in two main parts or domains. The first domain aims at getting an appraisal of **the child and family's current status**. The indicators are:

- Safety
- Stability
- Appropriateness of Placement
- Permanence
- Health/Physical Well-being
- Emotional/Behavioral Well-being
- Learning Progress/Development
- Caregiver Functioning

- Family Functioning & Resourcefulness
- Satisfaction

The purpose of the second domain of the protocol is to **evaluate Child Welfare system performance**. It follows the principles of the DCFS Practice Model. The indicators are:

- Child and Family Participation
- Child and Family Team & Coordination
- Functional Assessment
- Long-term View
- Child and Family Planning Process
- Plan Implementation
- Formal & Informal Supports/Services
- Successful Transitions
- Effective Results
- Tracking and Adaptation
- Caregiver Support

Each of these indicators are scored on a scale of one to six, with one being completely unacceptable outcome and six being optimal outcome. A weighted system is used to calculate an overall Child Status score and an overall System Performance score. A narrative written by the review team gives background information on the child and family's circumstances, evaluates the child's current status and describes the strengths and weaknesses of the system. The

experienced child welfare professionals used as reviewers make specific suggestions for improvements where needed.

Data Reliability

Several controls are in place to assure data accuracy. First, the court appointed monitor, Paul Vincent from CWPPG and his staff are involved on all levels of the review process, including reviewing half of the cases themselves, attending all case debriefings, overseeing the training of new and experienced reviewers, and checking the scoring calculations. Second, all cases are reviewed by two individuals, which minimizes personal biases. If DCFS reviewers are involved, which is a good way of exposing staff to the Practice Model, they are paired up with a non-DCFS reviewer and sent to a region other than their own. Finally, a case story write-up on each case is submitted to the caseworker and region administration staff to review for factual accuracy.

In addition, the caseworker, supervisor and/or region administration staff have the opportunity to give factual clarifications to the reviews during the review process in the entrance and exit interviews as well as the debriefing of the case.

C. Review Results

State Child Status								
		# of cases			FY00	FY01	FY02	FY03
	# of cases	Needing		Baseline				Current
	Acceptable	Improvement	Exit Criteria 85% on overall score	Scores				Scores
Safety	161	5	<div><div></div></div> 97.0%	80.2%	87.7%	95.2%	97.0%	
Stability	123	43	<div><div></div></div> 74.1%	69.3%	76.1%	73.2%	74.1%	
Appropriateness of Placement	160	6	<div><div></div></div> 96.4%	88.0%	93.1%	93.4%	96.4%	
Prospect for Permanence	99	67	<div><div></div></div> 59.6%	60.4%	68.9%	62.5%	59.6%	
Health/Physical Well-being	163	3	<div><div></div></div> 98.2%	96.0%	97.5%	97.6%	98.2%	
Emotional/Behavioral Well-being	135	31	<div><div></div></div> 81.3%	72.3%	76.1%	79.2%	81.3%	
Learning Progress	130	35	<div><div></div></div> 78.8%	81.2%	88.9%	84.4%	78.8%	
Caregiver Functioning	116	3	<div><div></div></div> 97.5%	94.6%	94.7%	94.8%	97.5%	
Family Resourcefulness	51	46	<div><div></div></div> 52.6%	51.4%	58.6%	65.8%	52.6%	
Satisfaction	143	23	<div><div></div></div> 86.1%	85.0%	88.3%	88.6%	86.1%	
Overall Score	154	12	<div><div></div></div> 92.8%	78.2%	84.7%	91.7%	92.8%	
			0% 20% 40% 60% 80% 100%					

Child and Family Status

The Performance Milestone Plan calls for 85% of all cases reviewed to attain an "acceptable" overall score in child and family status. The individual status indicators are important in singling out strengths and needs in particular areas. The overall score has been shaded in the above chart showing how DCFS performed on the fiscal year 2003 review.

The score on the Overall **Child Status** for DCFS statewide is **92.8% acceptable cases, with a steady improvement each year.** Overall, this score meets the exit goal of 85% required in the Milestone Plan. However, the Milestone Plan requires each region to exit individually. The table at the end of this chapter displays the Overall Child Status results by region. **For the second year in a row, all regions met the exit criteria on Child Status.** Each region had an overall Child Status score of at least 88.6% and in Northern Region the score even reached 100%.

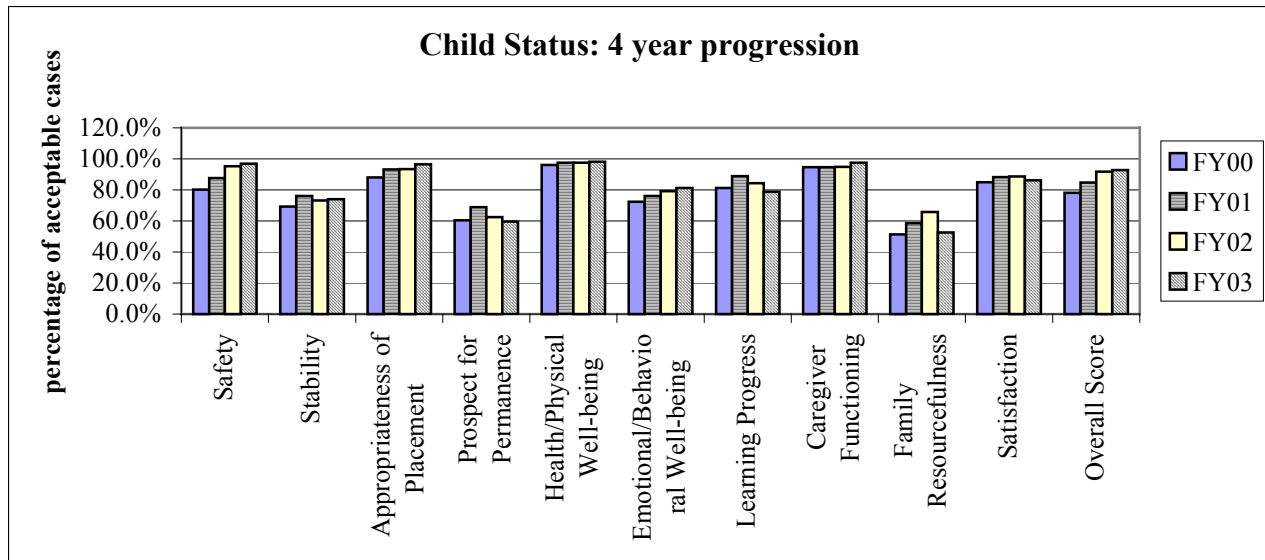
Most Child Status indicators scored very well. The indicators that scored over 85% include

Safety (97%), Appropriateness of Placement (96.4%), Health/Physical Well-being (98.2%), Caregiver Functioning (97.5%), and Client Satisfaction (86.1%).

The following indicators still need some improvement: Stability (74.1%), Prospects for Permanence (59.6%), Emotional Well-being (81.3%), Learning Progress (78.8%) and Family Functioning and Resourcefulness (52.6%).

Safety: Safety is referred to as the "trump" for child and family status. Since safety is central to overall well-being of the child, the case will not pass the child status domain if the child is unsafe.

To receive an acceptable rating, the child must be safe from risks of harm in his/her living and learning environments. Others in the child's daily environments must also be safe from high-risk behaviors or activities by the child. Of the 166 cases reviewed 161 passed on Safety, which is 97% of all cases, compared to 95.2% last year. This score is very commendable. The following graph displays the Child Status results for the last four years. The continuous improvement is clearly visible.



Overall Child Status scores by region:

regions passed the 85% goal.



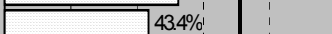









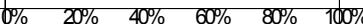
The table below shows the Overall Child Status results by region. As is indicated, all

Child Status	# of cases	# of cases		FY00	FY01	FY02	FY03
	# of cases	Needing		Baseline			Current
	Acceptable	Improvement	Exit Criteria 85%				Scores
Eastern Region	23	1	95.8%	77.8%	83.3%	95.8%	95.8%
Northern Region	24	0	100.0%	77.8%	75.0%	95.8%	100.0%
Salt Lake Region	62	8	88.6%	86.7%	91.2%	87.5%	88.6%
Southwest Region	23	1	95.8%	89.5%	83.3%	87.5%	95.8%
Western Region	22	2	91.7%	50.0%	82.6%	100.0%	91.7%
Overall Score	154	12	92.8%	78.2%	84.7%	91.7%	92.8%
			0% 20% 40% 60% 80% 100%				

System Performance

The Performance Milestone Plan calls for 85% of all cases reviewed to attain an "acceptable" overall score on System Performance. The plan also calls for the core system performance indicators (Child and Family

Team/Coordination, Functional Assessment, Long-term View, Child and Family Planning Process, Plan Implementation, and Tracking & Adaptation) to score 70% or more. The shading in the following chart depicts these domains.

State System performance							
		# of cases		FY00	FY01	FY02	FY03
	# of cases	Needing	Exit Criteria 70% on Shaded indicators	Baseline			Current
	Acceptable	Improvement	Exit Criteria 85% on overall score	Scores			Scores
Child & Family Team/Coordination	101	65		38.6%	38.7%	45.2%	60.8%
Functional Assessment	87	79		26.7%	43.6%	42.3%	52.4%
Long-term View	72	94		20.8%	36.2%	32.3%	43.4%
Child & Family Planning Process	103	63		32.7%	42.3%	52.4%	62.0%
Plan Implementation	127	39		53.5%	68.1%	66.7%	76.5%
Tracking & Adaptation	114	52		55.4%	58.9%	62.5%	68.7%
Child & Family Participation	111	54		57.0%	56.4%	60.1%	67.3%
Formal/Informal Supports	140	26		80.2%	79.8%	79.2%	84.3%
Successful Transitions	106	57		44.0%	54.3%	56.1%	65.0%
Effective Results	128	38		58.0%	66.3%	70.8%	77.1%
Caregiver Support	109	6		89.5%	91.8%	92.8%	94.8%
Overall Score	110	56		41.6%	57.1%	57.7%	66.3%
							

The overall score for **System Performance statewide is 66.3%**. This is an improvement from the previous years. Some regions made significant improvement and deserve special recognition for the improvements achieved in their review. (See next section.)

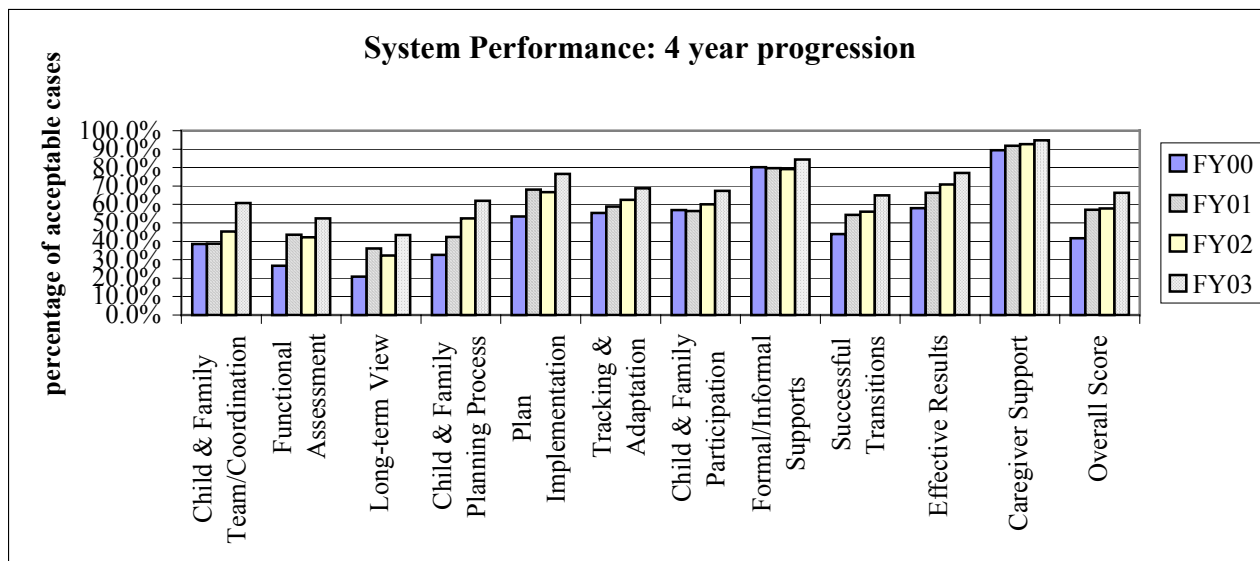
While overall the System Performance had a modest gain, all of the individual indicators improved since last year, some with impressive gains. For the first time in the four years of implementing the Milestone Plan, a core indicator, Plan Implementation (76.5%), has exceeded the 70% target. Tracking and Adaptation (68.7%), Child and Family Team and Coordination (60.8%) and Child and Family Planning Process (62.0%) are within striking distance of the 70% target. It should also be noted that there was a tremendous increase in Child and Family Team and

Coordination, improving from 45% to 61%. While the remaining two core indicators, Functional Assessment and Long-term View, are still well below the 70% mark, it should be recognized that they made very good improvement, 42% to 52% and 32% to 43% respectively.

Other improvements worth noting are on Child and Family Participation (from 60% to 67%), and Effective Results (from 71% to 77%).

A strong point of the system is Caregiver Support with 94.8%, which is the support provided to substitute caregivers.

The following graph displays the System Performance results for the last four years, illustrating the consistent improvement in each of the indicators.



Overall System Performance scores by region:

The following table shows the Overall System Performance scores by region. Southwest Region has achieved the highest overall score at 87.5%, which exceeds the 85% exit mark.

Western and Eastern Regions both showed excellent improvement, coming in at 70.8%. Both Northern Region and Salt Lake Region came in at 58%, with Northern Region maintaining the same level as last year and Salt Lake Valley Region making a significant improvement over the outcome from last year.

System Performance	# of cases	# of cases		FY00	FY01	FY02	FY03
	# of cases	Needing		Baseline			Current
	Acceptable	Improvement	Exit Criteria 85%				Scores
Eastern Region	17	7	70.8%	33.3%	75.0%	66.7%	70.8%
Northern Region	14	10	58.3%	33.3%	50.0%	58.3%	58.3%
Salt Lake Region	41	29	58.6%	47.6%	52.9%	48.6%	58.6%
Southwest Region	21	3	87.5%	52.6%	70.8%	79.2%	87.5%
Western Region	17	7	70.8%	31.8%	43.5%	54.2%	70.8%
Overall Score	110	56	66.3%	41.6%	57.1%	57.7%	66.3%
			0% 20% 40% 60% 80% 100%				

Results by Case Type

Of the 166 cases reviewed during FY2003, 109 were out-of-home cases (foster care) and 57 home-based cases. This year, in contrast with last year, the out-of-home cases scored significantly higher on System Performance than the home-based cases. The average overall score of Home-based cases came out at

3.7. It is significant that the average overall score for Foster Care cases equaled 4.1. On the Child Status side the results were almost the same. Ninety-one percent of the home-based cases had an acceptable Child Status with an average score of 4.7; while 93.6% of the foster care cases did so with an average overall score of 4.8.

Case Type	# in sample	# Acceptable	% Acceptable	Average score
System Performance				
Foster Care	109	78	71.6%	4.1
Home-based	57	32	56.1%	3.7
Child Status				
Foster Care	109	102	93.6%	4.8
Home-based	57	52	91.2%	4.7

As opposed to the results from the review last year, differences found in the performance of individual indicators were significant (greater than 10% difference) in five of the seven core indicators, as illustrated in the chart below. Safety scores were relatively close: 99.1% of the foster care children were considered safe, while 93.0% of the children in home-based cases were considered safe. Permanency and

Stability scored significantly higher on home-based cases. This is understandable because the children in home-based cases are usually living with their parents, have not experienced placement changes or are with relatives who plan on providing a permanent home for these children.

	Child Safety	Stability	Permanence	Health / Physical Well-being	Emotional Well-being	Overall Child Status	Child / Family Participation	Teaming / Coordination	Functional Assessment	Long Term View	Planning	Plan Implementation	Tracking / Adaptation	Overall System Performance
Foster Care	99.1%	69.7%	55.0%	98.2%	81.7%	93.6%	68.8%	65.1%	53.2%	50.5%	67.0%	80.7%	78.0%	71.6%
Home Base	93.0%	82.5%	70.2%	96.5%	80.7%	91.2%	63.2%	52.6%	50.9%	29.8%	52.6%	66.7%	50.9%	56.1%
> 10% difference		x	x					x		x	x	x	x	x

Results by Permanency Goal

The following table displays the results by Permanency Goal, with the results from last year for comparison. As can be seen, in Child Status there were only minor changes in the scores from last year and all areas were within the range of acceptable scores.

When looking at System Performance, some dramatic improvements can be seen, most notably in guardianship, independent living and return home cases. While there was a minor decline in the performance of adoption and remain home case, the overall trend is upward.

CHILD STATUS FY2003				
GOAL	FY2003 # in Sample	FY 2003 # Acceptable	FY2003 % Acceptable	FY2002 % Acceptable
Adoption	33	33	100.0%	95.2%
Guardianship	16	15	93.8%	100.0%
Independent Living	14	14	100.0%	90.9%
Permanent Foster Care	19	17	89.5%	88.5%
Remain Home	41	35	85.4%	92.1%
Return Home	43	40	93.0%	90.0%
Total	166	154	92.8%	
SYSTEM PERFORMANCE FY2003				
GOAL	FY2003 # in Sample	FY2003 # Acceptable	FY2003 % Acceptable	FY2002 % Acceptable
Adoption	33	23	69.7%	76.2%
Guardianship	16	11	68.8%	28.6%
Independent Living	14	12	85.7%	63.6%
Permanent Foster Care	19	15	78.9%	69.2%
Remain Home	41	23	56.1%	58.7%
Return Home	43	26	60.5%	42.5%
Total	166	110	66.3%	

Results by Age of Target Child

As shown in the table below, the comparison of the scores for teenagers and younger children shows more favorable Child Status results in cases with younger children and slightly better System Performance results for teenagers. Among the 166 cases reviewed, 73 cases had a target child who was 13 years or

older (44%). Of these 73 cases with teenage children, 50 cases had an acceptable overall System Performance (68.5%). In comparison, 64.5% of the cases with younger children had acceptable results. The reverse trend is true for the Child Status side: teenagers had acceptable status in 86.3% of the cases vs. 97.8% of the younger children.

	# of cases in sample	# Acceptable	% Acceptable
System Performance			
Cases with target child 0-12 years old	93	60	64.5%
Cases with target child 13+ years old	73	50	68.5%
Child Status			
Cases with target child 0-12 years old	93	91	97.8%
Cases with target child 13+ years old	73	63	86.3%

Results by Caseworker Demographics

Caseload

The average caseload of the workers reviewed was 14 cases, with 16 workers reporting a caseload of 20 or more. As indicated in the table below, our analysis of the caseload data indicates that a high caseload had a negative impact on the System Performance results. Of

the 166 workers reviewed, 66% indicated that they had a caseload size of 16 cases or less. Of these workers with manageable caseloads, 70.6% scored on an acceptable level on System Performance, while 57.9% of the workers with a large caseload (17 open cases or more) scored well.

Caseload Size: # of open cases	# of caseworkers reviewed	Scored acceptable on System Performance
16 open cases or less	109	77 (70.6%)
17 open cases or more	57	33 (57.9%)

Employment Length

When the employment length of the workers was reviewed, it was noted that there was a significant decrease in the number of new workers (12 months or less experience) in the review sample. Last year we found 24% of the workers reviewed were new, this year only 15% of the workers are new. The amount of experience a caseworker has does seem to have an impact on the results. New workers had cases with acceptable System Performance

scores 60% of the time. While not near the target, it is a substantial improvement for the goal as compared to last year's score of 47.5%. Experienced workers also showed a minor improvement, from 60.9% last year up to 67.4% this year. Having experienced workers tends to lead to better results. This makes worker retention an even more pressing issue. Providing incentives to retain experienced workers is a logical conclusion.

Employment length: # of months employed	# of caseworkers reviewed	Scored acceptable on System Performance
12 months or less	25	15(60%)
13 months or more	141	95(67.4%)

D. Improvement Needs and Suggestions:

Based on the above findings and the reviewers' reports

While overall the results in System Performance statewide showed modest improvement, there were significant

improvements in some regions as shown in the table below.

System Performance		# of cases	FY00	FY01	FY02	FY03
	# of cases	Needing	Baseline			Current
	Acceptable	Improvement				Scores
Cottonwood	8	14	45.5%	52.4%	37.5%	36.4%
Eastern Region	17	7	33.3%	75.0%	66.7%	70.8%
Granite	16	8	45.5%	39.1%	50.0%	66.7%
Northern Region	14	10	33.3%	50.0%	58.3%	58.3%
Salt Lake	17	7	55.6%	66.7%	58.3%	70.8%
Salt Lake Region	41	29	47.6%	52.9%	48.6%	58.6%
Southwest Region	21	3	52.6%	70.8%	79.2%	87.5%
Western Region	17	7	31.8%	43.5%	54.2%	70.8%
Overall Score	110	56	41.6%	57.1%	57.7%	66.3%

Some regions and offices clearly showed progress in their command of the new Practice Model skills. This included conducting well-prepared and effective child and family team meetings, involving family members in the planning and decision-making process, and better case plans that were individualized to the family's needs. The change in practice was reflected in a number of very positive comments from clients and partners. Parents reported that caseworkers involved them in decisions both with the caseworker and with the team. Professionals appreciated how useful the team meetings were in improving coordination of services. Terms such as "committed, caring, professional, non-judgmental, responsive, and good engagement skills" were used to describe some of the caseworkers' merits.

The regional directors were given the results by supervisor and office and encouraged to congratulate the successful workers and aim their efforts at the teams still struggling with

the new practice concepts. Efforts to target particular teams and supervisors were seen, including sending supervisors out as reviewers to another region's QCR.

While child and family team meetings are now being held in the majority of the cases and functional assessments are found in most of the cases, the reviewers saw big differences in the quality of the products. Although there were some functional assessments that were not acceptable, we found overall improvement in the functional assessments this year. This is frustrating to the workers who have put time and effort in this tool, and are not yet meeting the expectations. Some workers have not yet seen this as a continuous process, a tool and a way of practice, but merely as another document to create in order to be in compliance. A number of team meetings are still more like staffings that parents are kindly invited to attend. The following sections try to provide understanding of the main barriers in the way of best practice.

Functional Assessment		# of cases	FY00	FY01	FY02	FY03
	# of cases	Needing	Baseline			Current
	Acceptable	Improvement				Scores
Cottonwood	5	17	31.8%	33.3%	20.8%	22.7%
Eastern Region	14	10	11.1%	66.7%	54.2%	58.3%
Granite	17	7	18.2%	26.1%	41.7%	70.8%
Northern Region	10	14	11.1%	41.7%	54.2%	41.7%
Salt Lake	16	8	33.3%	50.0%	37.5%	66.7%
Salt Lake Region	38	32	26.6%	36.8%	33.3%	54.3%
Southwest Region	15	9	36.8%	54.2%	41.7%	62.5%
Western Region	10	14	27.3%	30.4%	45.8%	41.7%
Overall Score	87	79	26.7%	43.6%	42.3%	52.4%

Functional Assessment:

As mentioned, most of the case files reviewed contained a written document called functional assessment. While some of these documents were part of a team process leading to a "big picture" understanding of the family's issues, many fell short. Here are some of the main concerns the reviewers had about the assessments they found:

- The functional assessment was usually not developed by the team, but was created solely by the caseworker. Without team participation important pieces of information from various parties were missing, as well as existing assessments from other agencies (such as existing psychological evaluations, educational assessments, records from past treatments, etc). Of course, it takes a functioning team develop a functional assessment.
- The functional assessment did not drive the planning process. The information gathered for the assessment was not used to develop the interventions and services in the case plan.
- It seemed to be more of a one-time product, rather than an on-going process.
- Often the functional assessment lacked a good understanding of the resources available for the family and caregivers and their need for additional support. A good

assessment of the informal support network is particularly important before closing a case. In order for families to succeed without professional intervention from DCFS, they need to have an array of informal and community supports available. This includes a thorough assessment of future caregivers and adoptive parents' abilities and resources to deal with the child's special needs. This analysis of available supports has a direct impact on the results for Long-term View.

- Some assessments contained lists of family strengths and needs, but were missing an analysis or conclusion of the many information pieces gathered, and as a result did not lead to clear intervention strategies for the family.
- Sometimes there was no clear understanding of the child and family's complex problems. For example, there were several teenagers with continuous behavior problems where the team did not have a clear understanding of the reasons and causes. The assessments merely listed the presenting symptoms, rather than trying to identify the underlying causes.
- Sometimes the functional assessment was focused on the child without an adequate understanding of the family and their issues. This understanding is especially important in reunification cases.

➤ Finally, the functional assessments often lacked information on the history of the child and family. In order to have a good

understanding of the case, caseworkers need to review the family history, including old files and prior CPS investigations.

C & F Team/Coordination	# of cases		FY00	FY01	FY02	FY03
	# of cases	Needing	Baseline			Current
	Acceptable	Improvement				Scores
Cottonwood Area	6	16	40.9%	23.8%	37.5%	27.3%
Eastern Region	18	6	22.2%	50.0%	66.7%	75.0%
Granite Area	14	10	18.2%	26.1%	29.2%	58.3%
Northern Region	10	14	22.2%	29.2%	41.7%	41.7%
Salt Lake Area	18	6	44.4%	37.5%	37.5%	75.0%
Salt Lake Region	38	32	36.7%	29.4%	34.7%	54.3%
Southwest Region	22	2	52.6%	70.8%	66.7%	91.7%
Western Region	13	11	36.4%	30.4%	37.5%	54.2%
Overall Score	101	65	38.6%	38.7%	45.2%	60.8%

Child and Family Team and Coordination:

Excellent progress was observed in most of the regions and statewide the results went from 45.2% to 60.8% acceptable cases. Southwest and Eastern are the leading regions, but Salt Lake Valley and Western regions made a lot of progress since last year as shown in the chart above.

In those cases needing improvement, the following issues were reported:

➤ Team meetings were held, but they resembled staffings. Parents did not feel like equal team partners. Or, the team meeting was with the caseworker and the family alone. Important decision-makers did not attend the meeting and therefore did not support decisions made at the meeting. In some instances the meetings were held without the participation of the teenaged child.

➤ Child and family team meetings were held, but there wasn't much follow-through of the team decisions. Or, there wasn't much preparation for the meeting. Prior to the meeting caseworkers should inform team members about the purpose of the meeting, their role, and discuss what issues need to be addressed at the meeting.

➤ Teams were fragmented, i.e. some important parties were left out. Most often this included the school, birth parents, extended family, and other key service providers.

➤ Particularly in reunification cases, staff struggle with how to better engage parents and how to support them in their reunification efforts. Some parents reported feeling left alone in their struggle to obtain the services they need to regain the custody of their children.

➤ In cases with a long-term foster-care or independent living goal where the parents still played or should play an important role in the child's life, it is recommended to find ways to involve the parents and allow for visitation (unless contrary to the child's well-being).

➤ Finally, the lack of teaming often had a major impact on other system functions, such as permanency, functional assessment, and long-term view. Better information sharing and coordination within the agency (among DCFS staff working on the same case) was needed in some cases.

Stakeholder Interviews

As part of the review process CWPPG and the OSR conducted interviews with community partners from each region. This included representatives from the legal system, law enforcement, schools, public health, mental health, other contract service providers and foster parent organizations. In general, the community continues to see improvement in the delivery of DCFS services to children and families. They appreciate the implementation of the new practice principles and applaud the Division's efforts to involve community partners in the case planning. Impressions and observations from these key stakeholders were presented to each region.

IV. CPS Qualitative Case Review

A. Purpose of the Child Protective Services Qualitative Case Review

This is the third year in the pilot test of a Child Protective Service (CPS) qualitative case review (QCR). This qualitative review is a method of evaluation to assess the current status of children and families involved in the Division of Child and Family Services (DCFS) investigations of abuse, neglect, and other forms of maltreatment. The appropriate use of Policy and Practice Model Principles are observed and evaluated as well.

The CPS-QCR was created in response to statute 62A-4a-118 requiring an annual review of child welfare referrals to and cases handled by DCFS in addition to the quantifiable outcome measures. The purpose of these reviews is to assess whether DCFS is adequately protecting children and providing appropriate services to families.

B. Methodology

CPS-QCRs were conducted in all the DCFS regions in the state. The goal was to review five cases in each region outside the Salt Lake Valley and five cases in each of the three Salt Lake Valley areas. Twenty-nine cases were actually reviewed statewide.

Cases were reviewed with the assigned CPS worker. A member of the review team accompanied the assigned CPS worker as the CPS worker conducted interviews with children and families. The reviewer then monitored the case in SAFE, the data system for DCFS, until completion of the case.

The cases were chosen on the day the review was scheduled in each office or region. Cases

were selected based on current referrals where the worker was beginning the investigation and had not yet met with the child victim or the parents. For instance, during the Salt Lake Valley review the CPS supervisors in each office were contacted and they provided the Office of Services Review (OSR) with the names and numbers of CPS caseworkers that had been assigned referrals within the past few days. The assigned reviewer contacted the worker and arrangements were made for the reviewer to accompany the assigned CPS worker on the investigation. The reviewer stayed with the CPS caseworker during the interviews with the child and the parents. Occasionally the reviewer accompanied the investigator for additional interviews.

The CPS-QCR instrument used by the reviewers follows the format of the U.S. Department of Health and Human Services Children's Bureau Child and Family Services Reviews Onsite Review Instrument and Instructions instrument. It includes items similar to the federal review tool. Some of the indicators have been changed to more clearly represent Utah's policy and Practice Model and to conform to the Milestone Plan.

There are two outcome measures evaluated in the instrument. The Safety Outcome evaluates whether children are, first and foremost, protected from abuse and neglect. This outcome is evaluated in two ways. Item one deals with the timeliness of the initiating of the investigations of child maltreatment. Item two evaluates repeat maltreatment.

The System Outcome measure evaluates whether children are safely maintained in their homes whenever possible and appropriate. This

outcome is evaluated in three ways. Item three considers services to the family to protect children in their home and prevent removal. Item four considers the risk of harm to children. Item five deals with family satisfaction. Each item is rated as either a strength, an area needing improvement or not applicable.

After an evaluation of these items a determination is made by the reviewer as to the status of the Safety Outcome and the System Outcome for the case reviewed. The levels of the outcome achievement are substantially achieved, partially achieved, not achieved or not applicable. There is also an overall level of achievement given to each case.

C. Review Results

The Overall Outcome Status of the twenty-nine cases is as follows:

Substantially Achieved	52% (15 Cases)
Partially Achieved	45% (13 Cases)
Not Achieved	3% (1 Case)

Ninety-seven percent of the cases at least partially achieved the outcome measures.

The Safety Outcome Status of the cases is as follows:

Substantially Achieved	66% (19 Cases)
Partially Achieved	17% (5 Cases)
Not Achieved	17% (5 Cases)

Eighty-three percent of the cases at least partially achieved the Safety Outcome measures.

Item one is a part of the Safety Outcome Status measures. This question asks if investigation reports of child maltreatment are initiated in a timely manner. Timeliness is defined as meeting the priority time frame assigned to the case during the intake process. Item one deals with both the past history of referrals on a family and also the referrals received within the twelve months prior to the referral currently being investigated and reviewed. All twenty-nine cases were applicable to item one.

In the twenty-nine cases reviewed, the families

had a combined total of fifty-two referrals within the past twelve months. In forty-three of the fifty-two referrals, the investigation was initiated within the assigned priority timeframe. Twenty-three of the twenty-nine cases reviewed received a rating of strength.

Item two is also a Safety Outcome measure. This item measures repeat maltreatment by noting if there have been referrals where allegations of maltreatment were supported on the family members within the prior 12 months before the referral that is currently being investigated. If there have been referrals that were supported then a determination is made concerning the repeat of the same allegation and repeat offenses by the same perpetrator. Eight cases were applicable to this item. Four cases were rated as strengths and four cases were rated areas needing improvement

The System Outcome Status of the cases is as follows:

Substantially Achieved	83% (24 cases)
Partially Achieved	3% (1 case)
Not Achieved	14% (4 cases)

Eighty-six percent of the cases at least partially achieved the System Outcome measures.

Items three, four and five comprise the System Outcome Status measures. Item three measures if proper services were provided to the family that would protect the children in the home and prevent the removal of the children from their homes and families. This item has nine questions to help the reviewer make that determination and establish a rating. All twenty-nine cases were applicable to this item. Twenty-five cases were rated as strengths on this item.

Question	Yes	No	NA	No Ans
A. Were the family members engaged appropriately by the investigator?	26	2	0	1
B. Were the interviews with the child(ren) appropriate for the child's age, ability and well-being?	25	0	4	0
C. Were all persons interviewed who were identified as having significant information concerning the allegations?	23	5	1	0
D. Were family strengths identified?	23	5	0	1
E. Were needed formal assessments gathered and incorporated into the functional assessment when the case is transferred to on-going services?	6	1	22	0
F. Were prior referrals and prior DCFS interventions reviewed to determine what services would be best suited for the family?	23	1	5	0
G. If necessary, were third parties (licensing, on-going worker) given adequate information to allow them to perform their appropriate responsibilities?	8	0	21	1
H. Did the intervention enhance the family's capacity to provide for their children's needs?	17	4	8	0
I. Were all plans/agreements created conjointly with the family?	18	4	6	1

Item four measures the risk of harm to the children. Five core questions provide information to reviewers to help determine this risk. All twenty-nine cases received the rating of strength on this item.

Question	Yes	No	NA
A. Were needed outside resources accessed to provide the family with needed supports to help protect the children from future maltreatment?	20	2	7
B. Was the functioning of the caregiver along with the caregiver's willingness and ability to protect the child(ren) assessed?	27	1	1
C. Was future risk of harm thoroughly assessed (long term	21	7	1

view)?			
D. When appropriate was there a quality safety plan/agreement in place?	14	5	10
E. If the family required services but refused to work with DCFS, was the case screened with the Assistant Attorney General?	0	0	29

For item five reviewers were able to contact nine of the twenty-nine families reviewed. The contact was made after the case was closed. This item concerns the level of satisfaction the parents felt during the investigation. Of the nine families that the reviewers were able to contact, eight of the cases were rated as strength.

Options for answering the questions below were:

1. Strongly Agree,
2. Agree,
3. Neutral,
4. Disagree, and
5. Strongly Disagree

Question	1	2	3	4	5
1. I was treated with courtesy and respect.	5	3	0	0	0
2. The CPS worker involved me in making decisions.	4	2	1	0	1
3. Phone calls were quickly answered and my messages were returned by the caseworker.	3	2	0	0	1
4. The worker helped me obtain the services I needed.	2	2	0	1	0
5. I benefited from the services I received.	0	0	2	1	0

One of the nine families did not formally answer the questions listed above but did express that the CPS worker had been very helpful and courteous and they appreciated his "good work".

D. Strengths Of Caseworkers Noted in the Review

Several strengths of the caseworkers were noted by the reviewers and in the interviews with parents at the closure of the case.

1. Reviewers noted that the caseworkers practiced good engagement skills as they communicated with the families and the

children.

2. In all of the cases it was noted that the worker demonstrated excellent interview skills and techniques.
3. Workers checked the prior referrals and noted previous involvement with each family.
4. Information was given to third parties, such as shelter, and the DHS Office of Licensing, which would allow them to perform their responsibilities when such parties were involved with the case.
5. Outside resources were assessed for their ability to provide support to the families in protecting the children from further maltreatment.
6. The parents interviewed felt like they were treated with courtesy and respect.
7. The parents felt that the caseworker involved them in making decisions about their family.
8. Parents felt that their messages left for caseworkers were returned promptly.

E. Improvement Needs and Suggestions

Some areas of concern that were noted by the reviewers are as follows:

1. In a fourth of the cases the priority time frame was not met. The priority time frame is established at intake based on the risk of harm to the child. Therefore a response within priority time frames is essential to the safety and well being of the child.
2. The families in seven of the cases had either a new referral or other services from the division to stabilize the family. These services were provided after the investigations under review were completed. This raises a concern as to repeat maltreatment.
3. Seven of the families reviewed had more than one supported referral within the previous twelve months. Five cases had

more than one supported referral within the previous six months. Four of those referrals involved the same perpetrator. Three of the referrals involved the same allegation. Again the concern is the thoroughness of the investigation.

4. In some of the cases the worker did not get all the available information concerning the history of the families. In two of the cases the workers did not check with the state from which the family had just recently moved. In one case the worker was given information concerning severe maltreatment and history of foster care that was never explored. In the other case the mother reported incidents of domestic violence between herself and her family for which she was taken to jail. Yet this worker did not check with the other state to find out the whole story. In these two cases future risk of harm was not thoroughly assessed.
5. Family strengths were not identified on a regular basis. Parents felt neutral concerning the benefit of the services provided. Perhaps a more thorough gathering of the strengths of the families would have allowed for a better match of services.

F. Upcoming reviews in FY2004

OSR will continue to review CPS cases in a qualitative manner for the fiscal year 2004. This year's review provided valuable information concerning the manner in which practice model principles are being used by the caseworkers in investigating referrals of abuse, neglect and other maltreatment of children.

The plan for the up-coming review is:

1. Continue use of the modified federal instrument.
2. Involve more DCFS personnel and stakeholders in the review process.
3. Make further modifications to the instrument as necessary.

IV. Other Studies

A. Notice of Agency Action

When a Child Protective Services (CPS) worker determines that abuse/neglect occurred on a case, that worker is required to notify the perpetrator that the referral has been "supported". The worker sends a "Notice of Agency Action" (NAA) letter detailing the allegations and the findings of the investigation. DCFS policy requires that the letter be sent within five working days of case closure. Utah Code (63-4b-20) also requires a "Notice of Agency Action" letter be sent to the perpetrator.

The Office of Services Review (OSR) reviewed a randomly selected sample of supported CPS referrals to determine if a NAA letter was sent. Approximately 30 cases were selected each month from December 2002 through March 2003.

The sample of cases represented the two main types of Notice of Agency Action letters that are sent to the perpetrators. For cases with the most serious findings, a sheriff or constable delivers the letters. For cases with less serious findings, letters are sent by certified mail. OSR's sample of cases represented both types of letters or notices.

Upon review of the case files, it was discovered that a significant number of cases lacked appropriate documentation that the letters were delivered or mailed. The caseworkers must fill out a form letter from the SAFE computer system and then print the letter to be mailed. The SAFE system automatically generates the letters but does not automatically mail the letters. The caseworkers must mail the letter themselves or give it to a sheriff/constable for delivery. Of the 98 sampled cases requiring a NAA letter,

documentation indicates that only 66 letters were actually sent. Of the 66 letters that were either given to a constable or sent by mail, 47 were sent within the required five working days, 17 were sent later than five working days and in 2 cases date sent was unknown. The following chart summarizes the findings:

Number of Referrals Sampled	98
Number (Percent) of Documented Notice of Agency Action Letters Sent	66 (67%)
Number (Percent) of Notices Sent Within 5 days	47 (48%)

OSR's sample of closed CPS cases showed that over 60% of the time DCFS caseworkers sent the required "Notice of Agency Action" letter. However, over 30% of the time the letters are not sent or they are sent late. Sending the "Notice of Agency Action" letter is important in order to give notice of the investigation findings to the perpetrator and comply with statutory requirements.

The OSR sample showed that the required NAA letter was often not sent or if it was sent, it was not sent within the required time. When either of these situations occurs, DCFS is not only violating statute but may be weakening the agency's case if the perpetrator chooses to appeal the supported decision through the Administrative Hearing process as allowed by law.

The review of the closed CPS cases also found that compliance with the NAA policy varies from

region to region. This study found the compliance rates for the regions varied between 89% in the Northern region to 28% in the Salt Lake Valley Region.

The timeliness of the NAA letter is also important in the Administrative Hearing process. If a perpetrator challenges a finding he or she must do it within 30 days of the date the NAA letter was received. If the perpetrator challenges the finding after the 30-day period, DCFS can request that the hearing be denied if the agency can show that the request occurred outside of the 30-day timeframe. If DCFS cannot document if or when the letter was sent, the hearing will proceed. Further difficulties may arise for DCFS with these cases if a significant period of time has elapsed and the caseworker has left the agency or has trouble remembering the conditions of the case clearly.

Recommendations:

The Division of Child and Family Services must first determine if it is important to make challenges to late appeals. If DCFS decides to pursue those challenges the following recommendation is made.

Develop a flowchart of the NAA steps and study the barriers between the times a letter is generated, mailed, and the action is recorded in SAFE.

In addition, the Salt Lake Valley should look at the entire process from letter generation to who gets the certified mailed return cards and how they are filed.

B. Permanency Goals

It is important that permanency for children is accomplished in a timely manner. For children under the age of three, Utah Code (62A-4a-205) requires that they have a permanency goal of return home or adoption. However, if the division documents that there is a compelling reason that

adoption, reunification, guardianship, and kinship placement are not in the child's best interest, the court may order another living arrangement.

OSR conducted a review of 45 cases of children under age three to determine if the appropriate permanency goal had been established. It was discovered that only two children did not have a goal of adoption, return or remain home. In both cases, there appeared to be compelling reasons for not having one of the above goals.

The Office of Services Review selected a random sample of 45 cases of children three years of age or younger from June 2002 to April 2003. Of the 45 cases, 27 had a permanency goal of return home, 2 had a goal of remain home and 13 had an adoption goal. In one case a goal was not established because the Judge dismissed the case. In the two remaining cases the Judge ordered long-term foster care goal. In one of these cases the Tribe had jurisdiction over the child and the tribal Judge ordered the child into long-term foster care. In the other case, the Judge ordered the child into long-term foster care because the child has a disability and if she were adopted the family would lose the child's benefits.

The results of the review showed that DCFS is ensuring that children in custody under the age of three have a permanency goal of adoption or return home as required by statute and policy.

C. Background Investigations

The Division of Child and Family Services (DCFS) ensures that children removed from their parents' care are placed with safe families. This is accomplished by having the Bureau of Criminal Investigation (BCI) conduct a background investigation for all adults living in the out-of-home placement.

Utah Code § 78-3a-307.1 requires criminal background checks prior to out-of-home

placement. Before a child is placed in an out-of-home placement, the court requires the Bureau of Criminal Investigation complete a background check for all adult persons living in the home.

The Office of Services Review randomly selected 97 cases from June 2002 to April 2003 to determine if the background investigations were completed as required by statute. Thirty-four cases were home-based and 63 were foster care.

Home Based Cases

Of the 34 home-based cases OSR reviewed, 15 cases contained documentation of the completed BCI check. There was no documentation in 10 of the files because the BCI was completed by the Assistant Attorney General's (AAG) office and reported to the caseworker via email or telephone. Nine cases did not require the BCI check for the out-of-home placement for reasons such as: 1) the child was returned to his/her natural parent(s) and an out-of-home placement was no longer needed; 2) law enforcement had already conducted the BCI; or 3) the court ordered custody and guardianship of the child to the out-of-home caregivers. Finally, there was one case that the caseworker could not produce the documentation, but stated that they had done the check. Without the documentation or verbal approval from the AAG's office, credit was not given.

Foster Care Cases

Of the 63 foster care cases OSR reviewed 37 files contained documentation of the completed BCI check. In three cases a BCI check was completed by the AAG's office and reported to the caseworker via telephone. The remaining 23 cases did not require a new BCI check. The reasons why a BCI was not needed are as follows: 1) the child were placed in a facility or home that was already licensed; 2) the child was already in a kinship placement before DCFS became involved.

In summary, the result of this review show a background investigation had been completed by the Bureau of Criminal Investigation (BCI) for

99% of the cases reviewed as required by statute, or was not applicable.

Case Type	Sample	Physical Doc.	Verbal	No	NA
FC	63	37	3	0	23
HB	34	15	10	1	9

Appendix

Case Process Review Data Tables

Case Process Review Data Tables

Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
CPS.A1	Did the investigating worker see the child within the priority time frame?	137*	94	0	42	69.1%	6.5%
	Yes within additional 1 day	137	100	0	36	73.5%	6.2%
	Yes within additional 2 days	137	105	0	31	76.5%	6.0%
	Yes within additional 5 days	137	116	0	20	84.6%	5.1%
	Yes within additional 10 days	137	122	0	14	89.7%	4.3%
CPS.A2	If the child remained at home, did the worker initiate services within 30 days of the referral?	78	62	1	15	79.5%	7.5%
	Yes within additional 30 days	78	63	1	14	80.8%	7.3%
CPS.A3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	137	94	6	37	68.6%	6.5%
	Yes within additional 1 day	137	102	4	31	74.5%	6.1%
	Yes within additional 5 days	137	115	2	20	83.9%	5.2%
	Yes within additional 10 days	137	120	0	17	87.6%	4.6%
CPS.B1	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	106	99	1	6	93.4%	4.0%
CPS.B2	Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?	136	77	51	8	56.6%	7.0%
CPS.B3	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	123	94	0	29	76.4%	6.3%
CPS.B4	Did the CPS worker make an unscheduled home visit?	118	84	0	34	71.2%	6.9%
CPS.C1	If this is a Priority I case involving severe maltreatment, severe physical injury, or recent sexual abuse causing trauma to the child, was a medical examination of the child obtained no later than 24 hours after the report was received?	18	16	2	0	88.9%	universe
CPS.C2	If this case involves an allegation of medical neglect, did the worker obtain an assessment from a health care provider within 30 days of the referral?	59	43	1	15	72.9%	universe
	Yes within additional 10 days	58	43	0	15	74.1%	9.5%
CPS.D1	Were the case findings of the report based on the facts obtained during the investigation?	137	125	1	11	91.2%	4.0%

Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
CPS.E2	Did the worker visit the child in the shelter placement within 48 hours of removal from home to determine the child's adjustment to the placement and need for services?	91	48	0	43	52.7%	8.6%
	Yes within additional 12 hours	91	53	0	38	58.2%	8.5%
	Yes within additional 24 hours	91	56	0	35	61.5%	8.4%
CPS.E3	After the first 48 hours, did the worker visit the child in the shelter placement at least weekly, until CPS case closure or until transferred to a foster care caseworker to determine the child's adjustment to the placement and need for services?	35	14	7	14	40.0%	13.6%
CPS.E4	Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?	95	62	17	16	65.3%	8.0%
	Yes within additional 1 day	95	66	13	16	69.5%	7.8%
	Yes within additional 5 days	95	67	12	16	70.5%	7.7%
	Yes within additional 10 days	95	68	11	16	71.6%	7.5%
CPS.E5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	88	75	0	13	85.2%	6.2%
Unable.1	Did the worker visit the home at times other than normal working hours?	17	2	7	8	11.8%	12.9%
Unable.2	If any child in the family was school age, did the worker check with local schools or the local school district?	31	25	0	6	80.6%	11.7%
Unable.3	Did the worker check with law enforcement agencies?	45	36	0	9	80.0%	9.8%
Unable.4	Did the worker check public assistance records for information regarding the family?	47	34	0	13	72.3%	10.7%
Unable.5	Did the worker check with the referent for new information regarding the family?	47	28	0	19	59.6%	11.8%
Unaccept ed.1	Was the nature of the referral documented?	131	129	0	2	98.5%	1.8%
Unaccept ed.2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	131	131	0	0	100.0%	0.0%
Unaccept ed.3	Does the documentation adequately support the decision	131	117	0	14	89.3%	4.4%

	not to accept the referral?						
Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
HB.1	Is there a current case plan in the file?	126	45	53	28	35.7%	7.0%
	Yes within additional 15 days	126	61	37	28	48.4%	7.3%
	Yes within additional 30 days	126	66	32	28	52.4%	7.3%
HB.2	Was an initial child and family plan completed for the family within 30 days of CPS closure or from the date services were ordered by the court?	47	12	27	8	25.5%	10.5%
	Yes within additional 15 days	47	24	15	8	51.1%	12.0%
	Yes within additional 30 days	47	27	12	8	57.4%	11.9%
HB.3	Were all of the services identified on the Risk Assessment or referral form addressed in the initial child and family plan?	46	17	20	9	37.0%	11.7%
HB.4	Were the following members involved in the development of the current child and family plan?						
	the natural parent(s)/guardian	83	39	4	40	47.0%	9.0%
	the stepparent (if appropriate)	11	4	0	7	36.4%	23.9%
	the target child(ren) (age 5 and older)	61	16	2	43	26.2%	9.3%
	other professionals (if appropriate)	62	22	0	40	35.5%	10.0%
HB.5	Did the worker identify the family's strengths in the case planning process/development of the child and family plan?	83	64	0	19	77.1%	7.6%
HB.6	Did the worker initiate services for the family/child as identified in the child and family plans?	115	86	27	2	74.8%	6.7%
HB.7	Did the worker make at least one home visit each month of this review period?						
	Month one	106	83	0	23	78.3%	6.6%
	Month two	114	91	0	21	79.8%	6.2%
	Month three	100	75	0	25	75.0%	7.1%
HB.8	Were collateral contacts made each month of this review period to monitor the child's and family's progress with the child and family plan?						
	Month one	90	66	0	24	73.3%	7.7%
	Month two	92	67	0	25	72.8%	7.6%
	Month three	76	54	0	22	71.1%	8.6%
FC.IA1	Did the child experience an initial placement or placement change during this review period?	129	41	0	88	31.8%	6.7%
FC.IA2	Prior to the original dispositional hearing, were reasonable efforts made to locate kinship placements?	13	11	0	2	84.6%	16.5%
FC.IA3	Were the child's special needs or circumstances taken into	34	31	0	3	91.2%	8.0%

	consideration in the placement decision?						
Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
FC.IA4	Was proximity to the child's home/parents taken into consideration in the placement decision?	27	24	0	3	88.9%	9.9%
FC.IA5	Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?	41	19	7	15	46.3%	12.8%
FC.IB1	Did the worker interview the out-of-home care caregiver at least once during each month of this review period?						
	Month one	106	96	0	10	90.6%	4.7%
	Month two	103	97	0	6	94.2%	3.8%
	Month three	99	90	0	9	90.9%	4.8%
	Month four	97	89	0	8	91.8%	4.6%
	Month five	98	82	0	16	83.7%	6.1%
	Month six	91	78	0	13	85.7%	6.0%
FC.IB2	Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?						
	Month one	106	92	0	14	86.8%	5.4%
	Month two	102	89	0	13	87.3%	5.4%
	Month three	98	87	0	11	88.8%	5.2%
	Month four	96	81	0	15	84.4%	6.1%
	Month five	97	77	0	20	79.4%	6.8%
	Month six	90	72	0	18	80.0%	6.9%
FC.IB3	Did the worker visit the child at least twice during each month of this review period?						
	Month one #1	110	102	0	8	92.7%	4.1%
	Month one #2	99	53	0	46	53.5%	8.2%
	Month two #1	111	105	0	6	94.6%	3.5%
	Month two #2	97	62	0	35	63.9%	8.0%
	Month three #1	106	98	0	8	92.5%	4.2%
	Month three #2	96	58	0	38	60.4%	8.2%
	Month four #1	103	90	0	13	87.4%	5.4%
	Month four #2	90	48	0	42	53.3%	8.7%
	Month five #1	103	90	0	13	87.4%	5.4%
	Month five #2	90	47	0	43	52.2%	8.7%
	Month six #1	96	85	0	11	88.5%	5.3%
	Month six #2	88	48	0	40	54.5%	8.7%
FC.IB4	Did the caseworker meet privately with the child outside the presence of the out-of-home care provider at least once each month of this review period?						
	Month one	85	68	0	17	80.0%	7.1%
	Month two	85	72	0	13	84.7%	6.4%
	Month three	82	68	0	14	82.9%	6.8%

	Month four	81	61	0	20	75.3%	7.9%
	Month five	83	65	0	18	78.3%	7.4%
	Month six	78	63	0	15	80.8%	7.3%
Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
FC.II1	Was an initial or annual comprehensive health assessment conducted on time?	120	97	18	5	80.8%	5.9%
	Yes with additional 30 days	120	112	3	5	93.3%	3.7%
	Yes with additional 60 days	120	115	0	5	95.8%	3.0%
FC.II2	If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment was that evaluation or treatment initiated within 30 days of the screening or as recommended by the medical personnel?	49	26	12	11	53.1%	11.7%
	Yes with additional 30 days	49	28	10	11	57.1%	11.6%
	Yes with additional 60 days	49	29	9	11	59.2%	11.6%
FC.II3	Was an initial or annual mental health assessment conducted on time?	120	75	35	9	62.5%	7.3%
	Yes with additional 30 days	120	98	12	10	81.7%	5.8%
	Yes with additional 60 days	120	108	2	10	90.0%	4.5%
FC.II4	If a need for mental health services was indicated in the most current initial or annual mental health assessment were those services initiated within 30 days for the assessment or as recommended by the evaluator?	78	54	22	2	69.2%	8.6%
	Yes with additional 30 days	78	58	18	2	74.4%	8.1%
	Yes with additional 60 days	78	58	18	2	74.4%	8.1%
FC.II5	Was an initial or annual dental assessment conducted on time?	104	78	23	3	75.0%	7.0%
	Yes with additional 30 days	104	91	10	3	87.5%	5.3%
	Yes with additional 60 days	104	99	2	3	95.2%	3.5%
FC.II6	If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated within 30 days of the screening or as recommended by the dental personnel?	57	43	10	4	75.4%	9.4%
	Yes with additional 30 days	57	46	7	4	80.7%	8.6%
	Yes with additional 60 days	57	49	4	4	86.0%	7.6%
FC.III1	Is the child school aged?	129	101	0	28	78.3%	6.0%
FC.III2	If the child needed special education services, did the caseworker make reasonable efforts to ensure the child received the necessary services?	19	14	0	5	73.7%	16.6%
FC.IVA1	Is there a complete current case plan in the file?	128	55	54	19	43.0%	7.2%
	Yes with additional 15 days	128	73	36	19	57.0%	7.2%
	Yes with additional 30 days	128	78	31	19	60.9%	7.1%
FC.IVA2	If the child and family plan which was current during the review period was the child's initial child and family plan, was it completed	24	10	11	3	41.7%	16.6%

	within 45 days after the child enters temporary custody?						
	Yes with additional 15 days	24	13	8	3	54.2%	16.7%
	Yes with additional 30 days	24	16	5	3	66.7%	15.8%
Type & Tool #	Question	Sample	Yes (#)	Partial (#)	No (#)	Perform. Rate (%)	Precision Rate (%)
FC.IVA3	Were the following members involved in creating the current child and family plan?						
	the guardian ad litem?	113	51	0	62	45.1%	7.7%
	the natural parent(s)/guardian?	60	38	1	21	63.3%	10.2%
	the stepparent (if appropriate)	11	5	0	6	45.5%	24.7%
	the foster parent(s)/out-of-home care provider(s)?	106	50	0	56	47.2%	8.0%
	a mental health representative?	91	39	0	52	42.9%	8.5%
	an education representative?	88	10	0	78	11.4%	5.6%
	a law enforcement (probation) representative?	13	0	0	13	0.0%	0.0%
	the child? (age 5 and older)	95	54	0	41	56.8%	8.4%
FC.IVA4	Did the worker identify the family's strengths in the case planning process/development of the child and family plan?	116	90	0	26	77.6%	6.4%
FC.IVA5	Did the worker initiate services for the family/child as identified in the service plans that are current during the review period?	123	65	55	3*	52.8%	7.4%
FC.IVA6	Was the child provided the opportunity to visit with his/her parent(s) weekly?	71	41	21	9	57.7%	9.6%
FC.IVA7	Was the child provided the opportunity for visitation with his/her sibling(s) at least twice per month?	65	29	28	8	44.6%	10.1%

* The total CPS sample was 137. However, one child died from SIDS prior to the referral and was not included in the priority time frame sample.